

PD60000046428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

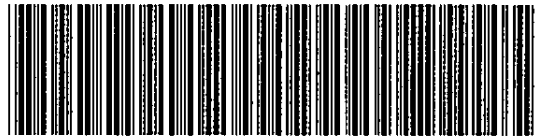
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200162382122

11/05/09--01014--018 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 NOV -5 PM 1:24

OD/RES
@ 11/6/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BA Management Services Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000046428

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Fullerton
(Name of Person)

(Name of Firm/Company)

950 S. Pine Island Rd Suite A150
(Address)

Plantation FL 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Fullerton at (954) 593 5638
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert Fullerton, hereby resign as Director / officer
(Title)

of BA Management Services Inc.,
(Name of Corporation)

P06000046428, a corporation organized under the laws of the State of
(Document Number, if known)
Florida.



(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
09 NOV -5 PM 1:24